

EXHIBIT I

APPLICATION FOR DISCHARGE OF ACCOUNTABILITY FOR
COLLECTION OF MONEY OWING TO THE COUNTY

To: Auditor-Controller of Orange County

1. Pursuant to Section 25257-25259.5 of the Government Code and/or Sections 335-349.4 of the Code of Civil Procedure; and Board Resolution 79-675 dated May 8, 1979.

I, _____ on behalf of _____
(Department/Agency/District Head) (Department/Agency/District)

apply for discharge of accountability for collection of the following _____
obligation(s) in the amount of \$ _____ for the following reason(s):

- A ☐ The amounts are too small to justify the cost of collection.
- B ☐ The likelihood of collection does not warrant the expense involved.
- C ☐ The amount has been otherwise lawfully compromised or adjusted.
- D ☐ The patient, estate or responsible relative(s) cannot be located or have been found
unable to pay.
- E ☐ Other: _____

2. The person(s) liable are: (Attach a separate sheet if more than three persons.)

| TYPE/ PROGRAM | ACCOUNT/ INVOICE# | FUND/AGENCY | NAME | DATE | BALANCE |
|------------------|----------------------|-------------|------|------|---------|
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I certify that all reasonable collection efforts have been attempted and that correspondence files and other collection documentation supporting the reasons for discharge of accountability shown above will be maintained for three years from the approved date of discharge of accountability. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DEPARTMENT/AGENCY/DISTRICT HEAD SIGNATURE

DATE

Above Application for Discharge of Accountability:

- ☐ Approved as submitted
- ☐ Approved except for those items lined through

AUDITOR-CONTROLLER

DATE